OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT Facilities Development Division

presents

HOSPITAL INSPECTOR RE-CERTIFICATION SEMINAR SCHEDULE FOR 2006

OSHPD has scheduled recertification seminars that will cover code updates, inspection procedures, requirements and techniques used in Health Facilities and Acute Care Hospitals. These one-day seminars are designed to fulfill the education requirement for recertification. To renew and maintain a valid certification, the Hospital Inspector must participate in a written recertification examination before the expiration of his/her certification. **Certifications expire at the end of the expiration month.** Certified Hospital Inspectors may apply to take the written recertification examination at the conclusion of this seminar by submitting the applicable fees with this registration form. Recertification seminars are offered each year in the Sacramento and Los Angeles areas. The schedule for upcoming and future recertification seminars is provided below. Review your certification expiration date and plan to participate in the seminar and examination best for you. Recertification is required prior to the expiration of your certification. Reservations may be faxed to (916) 654-2973 or mailed to the address on the registration form below. If you do not recertify within this required time period, you will need to take the complete examination for a new certification. Inspectors must hold a current certification to serve as an Inspector of Record.

RECERTIFICATION REGISTRATION		
NAME OSHPD Certification # Address	August 31, 2006 (Thursday) Hilton Burbank Airport 2500 Hollywood Way Burbank, CA 91505 (818) 843-6000	(C-27)
Phone # ()	Next Seminars March 2007 - Sacramento March 2007 - Los Angeles Area	` '
E-mail Address: Please check the appropriate city and date:	REGISTRATION FEE	
Thursday	Seminar & Recertification Exam	\$250.00
September 6, 2006 (Wednesday) (C-26) Holiday Inn Capitol Plaza 300 J Street Sacramento, CA 95814 (916) 44600100	Delinquency Fee Seminar Only Amount Enclosed	\$100.00 \$150.00 \$
METHOD OF PAYMENT ☐ CHECK ☐ AMERICAN EXPRESS ☐ MASTERCARD	□ NOVUS/DISCOVER CARD □ VISA	
CHARGE CARD NUMBER:	EXPIRATION DATE:	
BILLING ADDRESS:		
CITY:ST	TATE: ZIP CODE:	
CARD HOLDED'S NAME:	SIGNATUDE:	

Over ⇒

Please complete the registration form and mail your payment, payable to OSHPD, to:

OSHPD / Facilities Development Attn: Delores Wilson 1600 9th Street, Room 420 Sacramento, CA 95814

Confirmation of attendance will be mailed upon receipt of this registration form AND fees. Additional information regarding the facility, hotel accommodations, and parking will be sent with your registration confirmation.

For more information call (916) 654-2682. NO REFUNDS will be issued for NO SHOWS.